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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

1,240.00

**Complete if Known**

Application Number	09/822,192
Filing Date	March 29, 2001
First Named Inventor	William G. MOON
Examiner Name	C. Lee
Art Unit	2112
Attorney Docket No.	249212014800

**METHOD OF PAYMENT** (check all that apply)

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_  
 Deposit Account    Deposit Account Number: 03-1952    Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Small Entity	Fee (\$)	Fee (\$)
35	-35 = 0	x 50.00	= 0.00				
				360.00		0.00	

**Indep. Claims**

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
8	-8 = 0	x 200.00	= 0.00

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 = 0	/50	0 (round up to a whole number) x 250.00	= 0.00
<b>Fees Paid (\$)</b>				

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)	0.00
Other (e.g., late filing surcharge): 1252 Extension for response within second month	450.00
1801 Request for continued examination (RCE) (see 37 ...)	790.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone	Date
Signature		48,375	(650) 813-5720	March 21, 2005
Name (Print/Type)	Christopher B. Eide			

Client Ref. No.: Q01-1052-US1